Lessons From the Practice

The Trivia Champ and Honorary Faculty Member

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Mr M was driving the chief resident crazy. Mr M was a 76-year-old patient who called at all times, day or night, complaining about his physical condition and the poor treatment at his board and care facility. Nothing satisfied him. He argued about anything and everything. Once a month, in the middle of the night, he would call an ambulance to take him to the hospital. He would arrive in the emergency department dressed only in his hospital gown, breathing rapidly. Three or four hours later, after costly and time-consuming evaluation, his lab results would come back normal. Even though he was asymptomatic, he was reluctant to return to the board and care home, and so, after all the investment of time, energy, and money, the chief resident would commonly admit him for one to three days. He was driving the chief resident crazy!

When the chief resident was about to leave he approached me, saying that he would not "dare" transfer this impossible patient to another resident and asking if I would take over. Of course I would.

At our first meeting in the clinic Mr M lived up to his reputation. He was unshaven and unkempt, dressed in a dirty hospital gown, demanding treatment, unsatisfied with all my suggestions or options, and, above all, unwilling to accept responsibility for any of his own care. But for all his difficulty, there was something intriguing about this irascible old gentleman.

He had been a bookkeeper. He had never married and had few friends. He had been close only to his father and a pet dog, both of whom had died six years earlier. Following these losses he had become profoundly depressed and was admitted to an inpatient geriatric psychiatric unit. After three months of various therapies, including antidepressant medication, the psychiatric staff thought they had nothing left to offer this man. He was discharged to the board and care facility. When asked, Mr M identified his problems as "age-itis, inertia, and fear of change." He said he feared dying—and living.

In order to better understand Mr M as a patient, I decided to make a home visit to his board and care facility. I found warm and bright common rooms and a spacious sun room. Mr M had a large room, which he had shared with a number of roommates over the years. More than one had died during his stay. The operators of the facility were pleasant and caring but very frustrated with Mr M because he never got dressed or went outside and generally gave them a hard time.

After consultation with our psychologists, I decided on a strategy of intervention. I told Mr M that I would begin making brief weekly visits to him and that my staff team would make telephone calls to him at least three times a week and once on weekends. I told him that, in exchange, he must call us before he called an ambulance to take him to the hospital. I asked the emergency department personnel to call us if he appeared.

Not surprisingly, the first weekend after this plan went into effect, I received a midnight call advising that Mr M was in the emergency department. When I questioned him about this visit, he informed me that he had used a taxi, not an ambulance, to bring him to the hospital. Nonetheless, I clearly restated our agreement—we would call and visit him, but he must call before he came to the hospital. That was his last visit to the emergency department, and he has not been in hospital since.

Within three months the home visits were reduced to one every two weeks, and after six months I visited him monthly. Today, Mr M rarely calls, and we need to call him only infrequently. He maintains the same outward "inertia" as ever and continues to give the board and care operators a difficult time—but he does not want to move because of his fear of change. In our conversations, I continue to be supportive of the staff's efforts to care for him and to set clearly defined limits.

I have come to look forward to my monthly visits with Mr M. He is now 85 years old; he shares the same birthday with my daughter—with a difference of 69 years—and he frequently reminds me of that. He is the Trivial Pursuit® champion of his board and care home and delights in the game.

I have come to see that, to his credit, Mr M has refused to give up the basic parts of himself and his personality that create "difficulties" for people. I have come to recognize these quirks as indices of his strength and will to survive.

This relationship has taught me valuable lessons as a physician and as a teacher. The early home visit gave me a more complete picture of this patient and of his environment. The visit also gave me a reality check against which to gauge his constant complaints about the facility. I learned that putting in time initially may save both time and effort in the long run. I have discussed this approach often with students and residents when they feel frustrated with a particular patient. I have thought at times of making Mr M an honorary member of our faculty in token of just how much he has taught us.

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